

FFW



**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/714805
Filing Date	11-15-2003
First Named Inventor	STEPHEN DAY BRODERICK
Title	BUILDING BLOCK
Art Unit	3635
Examiner Name	HORTON, YVONNE MICHELE
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

- ☐ A Power of Attorney is submitted herewith.
- OR
- ☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
- OR
- ☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

- ☐ The address associated with the above-mentioned Customer Number.
- OR
- ☐ The address associated with Customer Number:
- OR

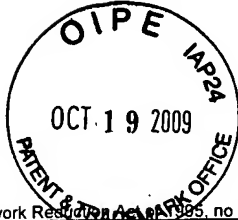
<input checked="" type="checkbox"/> Firm or Individual Name	STEPHEN DAY BRODERICK				
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City	TALLAHASSEE	State	FLORIDA	Zip	32310
Country	USA				
Telephone	850-980-5641	Email			

- I am the:
- ☒ Applicant/Inventor.
- OR
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature	Dennis Broderick	Date	Oct 12, 2009
Name	DENNIS BRODERICK	Telephone	801-762-7586
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.



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OR

☐ The address associated with Customer Number:

OR

--

☒ Firm or Individual Name Stephen Day Broderick

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City Tallahassee State Florida Zip 32310

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Telephone 850-980-5641

Email

I am the:

☒ Applicant/Inventor.

OR

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Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<u>Stephen Broderick</u>	Date	<u>Oct. 12 - 2009</u>
Name	<u>Stephen Broderick</u>	Telephone	<u>850-980-5641</u>
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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